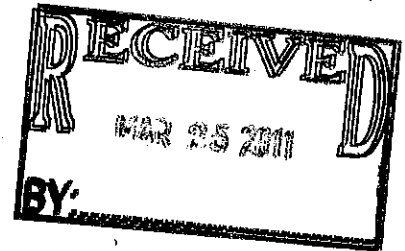




ADMINISTRATIVE OFFICE
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Marshall-Jackson Mental Health Board, Inc.

d/b/a/

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

Mountain Lakes Behavioral Healthcare is a public, non-profit organization primarily serving the citizens of Marshall County (estimated population 93,019) and Jackson County (estimated population 53,227) with mental illness and substance abuse issues.

FY 11 Planning Process

GOAL PLANNING TIMELINE

June – July, 2010

Begin planning process

- Review and evaluate FY 10 Goals and Objectives
- Schedule divisional staff meetings to solicit input and feedback into upcoming goal development
- Review results of various consumer survey instruments
- Review data/documentation of Consumer Satisfaction Committee reports
- Review feedback from local community stakeholder meetings
- Review feedback from Human Rights Committee reports

August, 2010

Schedule and plan for work session with Leadership Committee

September, 2010

Develop and finalize items for Board approval

- FY 11 Goals and Objectives
- FY 11 Strategic Action Plan
- FY 11 Budget

GOALS AND OBJECTIVES

The Leadership Committee met on September 1, 2010, and engaged in the planning process consisting of reevaluating the organization's current Mission Statement, Vision Statement and Guiding Values, as well as establishing Goals and Objectives for the coming fiscal year. The input provided to this process was representative of all divisions within the organization, as well as individual participants. Various divisions of the organization met separately prior to the Leadership Committee Planning Meeting and conducted a similar evaluation and planning work session at the divisional level. Input was solicited and compiled from staff members regarding their evaluation of progress with efforts to accomplish FY 10 Goals and Objectives. Staff were also asked to provide their suggestions and recommendations of organizational goals for the coming fiscal year.

In addition to staff feedback, other methods of needs assessment included consumer input taken from results of various consumer satisfaction instruments; data and documentation provided by the Mountain Lakes Behavioral Healthcare Consumer Satisfaction Committee; feedback from local community stakeholders meetings; and reports from the on-going Human Rights Committee meetings. Following review and discussion of input from all parties involved, the Leadership Committee developed the final draft of the FY 11 Goals and Objectives, which were presented for approval by the Board of Directors at the September 21, 2010 monthly meeting. A copy of the FY 11 Goals and Objectives is enclosed for review.

MISSION STATEMENT, VISION STATEMENT AND GUIDING VALUES

As in previous years, the Mountain Lakes Behavioral Healthcare's Mission Statement, Vision Statement and Guiding Values were evaluated for current applicability and possible recommendations for updates or revisions. Following discussion and input from Leadership Committee members, recommendations were made to continue operation under the same statements. Along with the FY 11 Goals and Objectives, these items were approved by the Board of Directors prior to the beginning of the new fiscal year. Copies of the organization's Mission Statement, Vision Statement and Guiding Values were distributed to all staff members and were also posted on the network server for easy access by all employees. Staff were encouraged to review these items on a routine basis as they strive to provide quality services to our consumers. The Executive Director has since implemented a "Guiding Values Challenge" to employees by providing a monetary incentive to those who can quote the current designated values. The current MLBH Mission Statement, Vision Statement and Guiding Values are attached for review.

STRATEGIC ACTION PLAN

Following establishment and approval of the FY 11 Goals and Objectives, the Leadership Committee developed a Strategic Action Plan, by which duty assignments were made,

measurable outcomes were identified, and sources of accountability defined for each objective. The Strategic Action Plan (SAP) is maintained by the Executive Office and monitored on a quarterly basis by the Leadership Committee to ensure compliance with the established timeframes. The SAP for FY 11 is attached for review. SAP monitoring efforts for Q1 were discussed by the Leadership Committee as follows:

- Goal I A.** The Consumer Sat Cmt reviewed all consumer grievances/suggestions during Q1 and provided feedback to each consumer, where possible; all evaluation methods are currently being met, with the internal Con Sat Survey scheduled for March; Advocacy Reports are additional methods of evaluation, with 2-3 visits being conducted within Q1.
- Goal I B.** E.D., C.D., and Program Directors continue to work on details of the Scholarship Program.
- Goal I C.** E.D. gave Customer Service presentation to all programs, with exception of Marshall OP and The College School. Presentations will be given to these programs in the coming weeks. Any staff missing this presentation can obtain Customer Service training thru NetSmart.
- Goal II A.** During Q1, the E.D. has given presentations to numerous community agencies/individuals including CPC; MC NAMI; SAAC; HRC; MCDHRQA; President of MMC; Gville Rotary Club; and MC Leadership Challenge. Other community educational events include the Dutton Fall Festival and a presentation to the MC Youth Council. Staff were encouraged to complete and submit a C & E Form when providing any type community education.
- Goal II B.** Contract to provide therapist in Guntersville High School; discussion to possibly provide future therapy for Alabama Youth Homes; applications submitted for Court Referral Education Program and Drug Free Community Grant.
- Goal II C.** Various possibilities currently being discussed by Staff Development Committee; Ethics training event scheduled for February 3, with announcements sent to various community agencies.
- Goal III A.** More informational issues discussed during staff meetings; more informational e-mails now being sent to all users; use of website for important notices
- Goal III B.** Upcoming Benchmarking Project; reimplementation of birthday recognition and service award programs completed; issues being resolved sooner as opposed to later
- Goal III C.** HR Coordinator provided training at October and November LC meetings.
- Goal III D.** Coaching process in place; increase of documented supervision
- Goal IV A.** Waiting on instruction from ACCMHB, with data to be submitted in February/March.
- Goal IV B.** Staff meetings to review all noted deficiencies; Lunch and Learn programs offered in each county
- Goal IV C.** All data/information reviewed and discussed during monthly/quarterly PI meetings.

BUDGET

The Mountain Lakes Behavioral Healthcare Goals and Objectives, as well as the Strategic Action Plan, are used as guidelines for development of the budget plan for the coming fiscal year. For FY 11, the proposed budget reflected an estimated net income of \$491,998. A copy of this document is enclosed for review.

At the current time, Medicaid revenue and the contract with the Alabama Department of Mental Health make up approximately 87% of the organization's funding resources. Further breakdown

of current operating revenues are as follows: Medicaid – 53.55%; DMH contract – 33.76%; Self-pay – 3.67%; Rent income – 3.19%; Miscellaneous income – 2.43%; Medicare and Insurance – 1.57%; Tuition – 1.31%; and other contractual .51%.

Future revenue sources are expected to remain similar to those at the present time; although the organization does solicit various grant opportunities throughout the year. One such recent opportunity was an application for the Court Referral Education Program (CREP) submitted to the Alabama Office of Courts. While this specific grant was not awarded to Mountain Lakes, the organization continues to apply for future alternative funding sources, such as a current application with United Way and a potential Drug Free Communities Grant.

Services currently provided by MLBHC

- | | |
|-----------------------------|------------------------------------|
| ● Intake/Evaluation | ● Treatment Plan Review |
| ● SA Intake | ● Court Screening |
| ● Individual Therapy | ● Pre-hospital Screening |
| ● Crisis Intervention | ● Mental Health Consult |
| ● Family Therapy | ● Assertive Community Treatment |
| ● Group Therapy | ● Basic Living Skills (individual) |
| ● C/A Day Treatment | ● Basic Living Skills (group) |
| ● Rehab Day Program | ● Family Support (individual) |
| ● Physician Assessment | ● Family Support (group) |
| ● Medication Administration | ● Case Management |
| ● Medication Monitoring | ● In-Home Intervention (adult) |
| ● SA Individual Therapy | ● In-Home Intervention (child) |
| ● SA Family Therapy | ● SA Prevention Services |
| ● SA IOP | ● SA Crisis Residential |
| ● Diagnostic Testing | |

Mountain Lakes Behavioral Healthcare staff continually review various options to better meet designated needs of the community. One such need, to provide quicker access to psychiatric services, is being met by the employment of an additional part-time CRNP, which will begin working with the organization in June. Another designated community need, to increase the provision of services to non-SMI, non-insured consumers, is being met with the recent implementation of a Scholarship Program. Participation in this program is free of charge, with current staff members providing psychoeducational services, such as presentations on stress management and coping with family issues, two times per month in each county.



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Goals and Objectives for Performance Improvement
FY 2011

- I. To treat our Customers in a manner in which we would like to be treated.**
 - A. Improve service delivery based on input from consumers and families.
 - B. Expand service options for non-Medicaid and indigent consumers.
 - C. Provide additional training for all staff focusing on improving customer service skills.

- II. To improve our working relationships within our communities and with other service providers.**
 - A. Provide additional education to other service providers and community groups/individuals about our services and programs.
 - B. Increase cooperative agreements/contracts with other community service providers.
 - C. Develop and implement educational opportunities for the Marshall and Jackson County Communities on mental health and substance abuse topics.

- III. To create a work environment that encourages communication, participation, and creative thinking by all employees.**
 - A. Improve dissemination of important Organizational information to employees at all levels and locations.
 - B. Create a work environment where employees feel valued and respected.
 - C. Increase and improve training for management staff on HR processes and laws.
 - D. Reduce employee turnover by implementing an effective coaching process.

- IV. To remain focused on Performance Improvement in order to continuously improve Organizational activities and programs.**
 - A. Improve the Organization's overall operation and service delivery efforts by utilizing data obtained through the ACCMHB benchmarking initiative.
 - B. Provide employee training in support of DMH standards and Best Practices in all programs.
 - C. Monitor and respond to trends to ensure quality and accurate documentation.

The logo features a stylized mountain range with three peaks. The central peak is the tallest and has a small horizontal line above it. Below the mountain range, the text "MOUNTAIN LAKES" is written in a large, bold, serif font. Underneath that, "Behavioral Healthcare" is written in a smaller, bold, serif font.

MOUNTAIN LAKES

Behavioral Healthcare

Mission Statement

To provide a consumer-sensitive, outcome-oriented, behavioral healthcare system, open to affiliate with other organizations to deliver quality services.

Vision Statement

To provide a comprehensive, cost effective, multi-disciplinary array of quality behavioral healthcare services for the effective treatment and prevention of mental illness and substance abuse, and to be recognized as the best provider of behavioral healthcare in our market area.

Guiding Values

- To treat our customers in a manner in which we would like to be treated.
- To be honest, forthright, and respectful with everyone.
- To be totally committed to excellence in all that we do.
- To continuously improve our work performance and the effectiveness of the services provided.
- To actively seek opportunities and initiate ideas to expand and secure the organization's growth and development.
- To work diligently and accurately so as to assure quality outcome and cost effectiveness.
- To create a work environment that encourages communication, participation, and creative thinking by all employees.
- To recognize the purpose of the organization as a whole as being more important than any given part or specific program.

**Strategic Action Plan
Mountain Lakes Behavioral Healthcare
Goals and Objectives
FY 2011**

Goal I. TO TREAT OUR CUSTOMERS IN A MANNER THAT WE WOULD LIKE TO BE TREATED.

Objective	Evaluation Method	Person(s) Responsible	Due Dates	Reviewed By	Monitored
A. Improve service delivery based on input from consumers and families.	<ul style="list-style-type: none"> -Consumer surveys (2) -Human Rights Committee -Suggestion box -Advocacy Reports -Consumer complaints & grievances 	<ul style="list-style-type: none"> -Consumer Satisfaction Committee -Leadership Committee 	<ul style="list-style-type: none"> 12/31/10 3/31/11 6/30/11 9/30/11 	<ul style="list-style-type: none"> -Consumer Satisfaction Committee -Leadership Committee 	
B. Expand service options for non-Medicaid clients.	<ul style="list-style-type: none"> -Implementation of a scholarship program in each County 	<ul style="list-style-type: none"> -Clinical Director(s) -Program Directors -Exec. Director 	3/31/11	<ul style="list-style-type: none"> -Leadership Committee 	
C. Provide additional training for all staff focusing on improving customer service skills	<ul style="list-style-type: none"> -All employees will receive at least one training session -Consumer surveys -Suggestion box 	<ul style="list-style-type: none"> -Staff Development Committee -Program Directors -Program Coordinators 	9/30/11	<ul style="list-style-type: none"> -Staff Development Committee -Leadership Committee 	

Goal II. TO IMPROVE OUR WORKING RELATIONSHIPS WITHIN OUR COMMUNITIES AND WITH OTHER SERVICE PROVIDERS.

Objective	Evaluation Method	Person Responsible	Due Dates	Reviewed By	Monitored
A. Provide additional education to other service providers and community groups/ individuals about our services and programs.	-Documentation of at least monthly education sessions. -Increased L&L participation from outside agencies.	-Staff Development Committee -Clinical Director(s) - Program Directors - Executive Director	Monthly	-Staff Development Committee - Leadership Committee	
B. Increase cooperative agreements/ contracts with other community service providers.	-Documentation of new contracts or cooperative agreements	-Clinical Director(s) - Program Directors - Executive Director	3/31/11 9/30/11	-Leadership Committee	
C. Develop and Implement educational opportunities for the Marshall & Jackson County Communities on mental health and substance abuse topics.	-Documentation of at least one organized community education session in both Counties.	- Staff Development Committee - Clinical Director(s) - Executive Director	9/30/11	- Staff Development Committee - Leadership Committee	

Goal III. TO CREATE A WORK ENVIRONMENT THAT ENCOURAGES COMMUNICATION, PARTICIPATION, AND CREATIVE THINKING BY ALL EMPLOYEES.

Objective	Evaluation Method	Person Responsible	Due Dates	Reviewed By	Monitored
A. Improve dissemination of important Organizational information to employees at all levels and locations.	-Documentation of improved dissemination. - Employee feedback	All Supervisors	3/31/11 9/30/11	-Leadership Committee	
B. Create a work environment where employees feel valued and respected.	-Conduct employee survey -Restart service award program -Restart Birthday recognition program	-Employee Satisfaction Committee -All Supervisors -Executive Director	3/31/11	-Employee Satisfaction Committee -Leadership Committee	
C. Increase and improve training for management staff on HR processes and laws.	-Documentation of at least two training sessions offered each quarter.	-HR Coordinator -Executive Director	12/31/10 3/31/11 6/30/11 9/30/11	-Leadership Committee	
D. Reduce employee turnover by implementing an effective coaching process.	- Documentation of training on the coaching process. -Turnover rate	-HR Coordinator -All Supervisors	3/31/11 9/30/11	-Leadership Committee	

Goal IV. TO REMAIN FOCUSED ON PERFORMANCE IMPROVEMENT IN ORDER TO CONTINUOUSLY IMPROVE ORGANIZATIONAL ACTIVITIES AND PROGRAMS.

Objective	Evaluation Method	Person Responsible	Due Dates	Reviewed By	Monitored
A. Improve the Organization's overall operation and service delivery efforts by utilizing data obtained through the ACCMHB benchmarking project.	-Actively participate in the benchmarking project and utilize the data for organization improvement.	-IT Staff -Program Director -Program Coordinators -Clinical Director(s) -Executive Director	3/31/11 9/30/11	-Leadership Committee	
B. Provide employee training in support of DMH standards and Best Practices in all programs.	-Review of deficiencies from DMH certification visits -Documentation of training via program staff meeting minutes at least quarterly	-Program Directors -Clinical Director(s)	12/31/10 3/31/11 6/30/11 9/30/11	-Performance Improvement Committee	
C. Monitor and respond to trends to ensure quality and accurate documentation.	-Administrative Reviews / Trends -TPR Reviews / Trends -Clinical Reviews -Peer Reviews -Medicaid errors and recoupments -NDP trend reports -UR Admissions Criteria reports -PI Annual Report	-Records Librarians -TPR Coordinator -Clinical Director(s) -Program Directors -Administrative Coordinators -MAS Nurse -QA Coordinator	12/31/10 3/31/11 6/30/11 9/30/11	-Performance Improvement Committee	